

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AD FILED		APPLICANT ALZHOEZHT		APPLICANT ALZHOEZHT	
	CHD	DEP	CHD	DEP	CHD	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AD FILED		APPLICANT ALZHOEZHT		APPLICANT ALZHOEZHT	
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